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1. PLACE OF BIRTH	BUREAU OF VI	BOARD OF HEALTH TAL STATISTICS FIGATE OF BIRTH	State File No	39
County Sile	DIANDARD VANT.	State		
District or Township		or Village		
Alount 1	1	or thage		
2. Full name of child.	(If firth occurred in	a boseful or institution, give	St, its NAME instead of street an its name is the street in the street i	d number led, make
3. Sex of Child To be answered in event of plus		W.L.	7. Date of birth Month Day	2 2 9 Year
S PAT Full name house	in Horas	14. Full maiden same le	la Cest	a a
n. Residence	ayoling	15. Residence (Usual place of abod		
If non-resident, give place and s	ate.	If non-resident, give	place and state.	
Color or race	ige at last highday	16. Color or race	17. Age at last birthday3	(Yeara)
12. Birthplace (city or place)	a flue	18. Birthplace (city or	places Comaria	9
(State or country)	nora yug	(State or country)	for just	
13. Occupation for San Nature of industry	in the second	19. Occupation Nature of industry	24 Cb:	
20. Number of children of this me (Taken as of time of birth of child certified and including this child.	d herein (b) Born aliv	e and now living	21. Were precautions taken ag	ainst oph-
certified and including this conta	CERTIFICATE OF ATTENDI		PE/ 0.45	
I hereby certify that I attended t	he birth of this child, who was	(Born alige a stillburn)	at A.m. on the date ab	ove stated.
When there was no attending por midwife, then the father, hou etc., should make this return. A child is one that neither breathows other evidence of life after	scholder, stillborn hes nor	arbitst	(Physician and the control of the co	
Given name added from	day, year	7 / 1 / 14/	lu, ling me	
	gistrar	Teb 13 129	TO J Regio	trar
. 54	9-210-111			PAR I